Case 06-12770-bam Doc 17 Entered 10/12/06 09:41:42 Page 1 of 6

Official Form 22C (Chapter 13) (10/06)

Pedro L Ramirez In re Wendy Jo Ramirez	According to the calculations required by this statement: The applicable commitment period is 3 years.
Debtor(s) Case Number: 06-12770	■ The applicable commitment period is 5 years.
(If known)	■ Disposable income is determined under § 1325(b)(3).
	☐ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I	l . F	REPORT OF	INCOME				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.								
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
		Married. Complete both Column A ("Debto			1 1	me") for Lines 2-10).	
	J	ures must reflect average monthly income rec dar months prior to filing the bankruptcy case,		· ·	3		Column A		Column B
	filing.	If the amount of monthly income varied duri	ing th	ne six months, you n			Debtor's		Spouse's
	month	n total by six, and enter the result on the appr	ropri	ate line.			Income		Income
2		s wages, salary, tips, bonuses, overtime,				\$	5,209.89	\$	2,228.35
3	and e	me from the operation of a business, prof nter the difference in the appropriate column(Do not include any part of the operating rt IV.	(s) of	f Line 3. Do not ente enses entered on	er a number less than Line b as a deduction				
	a.	Gross receipts	\$	Debtor 0.00	\$ 0.00				
	b.	Ordinary and necessary business expenses	\$	0.00					
	C.	Business income	Su	ubtract Line b from L		\$	0.00	\$	0.00
4	the ap	s and other real property income. Subtract propriate column(s) of Line 4. Do not enter a confirmation of the business expenses entered on Line Gross receipts Ordinary and necessary operating expenses	a nur e b a \$	mber less than zero. s a deduction in Pa Debtor 0.00	Do not include any art IV. Spouse \$ 0.00				
	C.	Rent and other real property income	_	ubtract Line b from I		d-	0.00	ď	0.00
5	1	est, dividends, and royalties.							
						\$	0.00	\$	0.00
6		ion and retirement income.				\$	0.00	\$	0.00
7	exper	amounts paid by another person or entity nses of the debtor or the debtor's depend clude amounts paid by the debtor's spouse.				\$	0.00	\$	0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B but instead state the amount in the space below:					1			
		nployment compensation claimed to benefit under the Social Security Act Debto	or\$	0.00 Spo	ouse \$ 0.00	\$	0.00	\$	0.00
9	Debtor Spouse								
	a.	\$	_		<u> </u>	$\ $	2.55		2.55
				\$	0.00	\$	0.00		
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).				\$	5,209.89	\$	2,228.35	
11		I. If Column B has been completed, add Line tal. If Column B has not been completed, ent				\$			7,438.24

	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIO)				
12	2 Enter the amount from Line 11					
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.	\$	7,438.24			
14	Subtract Line 13 from Line 12 and enter the result.	\$	7,438.24			
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	89,258.88			
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 3	\$	55,510.00			
17 Par	The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.					
18	TENTER THE APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSAB Enter the amount from Line 11.		7,438.24			
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$	0.00			
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	7,438.24			
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$	89,258.88			
22	Applicable median family income. Enter the amount from Line 16.	\$	55,510.00			
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.					
23	■ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.	e is det	termined under			
	☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable in determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do IV, V, or VI.					

	Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)					
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
24	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$	1,368.00			
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$	345.00			

25B						
	a.	IRS Housing and Utilities Standards; mortgage/rent Expense	\$ 1,139.0	0		
	b.	Average Monthly Payment for any debts secured by your home,	\$ 2,187.0	٦		
	C.	if any, as stated in Line 47 Net mortgage/rental expense	Subtract Line b from Line a.	-	\$	0.00
26	25A a Stand	I Standards: housing and utilities; adjustment. If young 25B does not accurately compute the allowance to which you a ards, enter any additional amount to which you contend you are espace below:	re entitled under the IRS Housing and Utilitie		\$	0.00
27	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 27 D D D 1 D 2 or more. Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs, First Car \$ 0.00 Average Monthly Payment for any debts secured by Vehicle 1,					
	b. c.	as stated in Line 47 Net ownership/lease expense for Vehicle 1	\$ 0.0 Subtract Line b from Line a.	0	Φ.	0.00
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs, Second Car \$ Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$ 0.00					
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	ᆜᆝ	\$	0.00
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					982.00
31	Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.					0.00

Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally or mentally countries are considered to the provision of the payments and for education providing similar services is available. Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare countries of the payments of the payments. 0.00 Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on nealth care such as tabley sitting, day care, nursely and preschool. Do not include other educational payments. 0.00 Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on nealth care such as tabley sitting, day care, nursely and preschool. Do not include other educational payments. 0.00 Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually expend on nealth care outpresses that are not remarked by transmore of payments for health menumen lefted in the 39. 250,00 Other Necessary Expenses: telecommunication services. Inter the average monthly amount that you actually expenses that you describe the average monthly amount that you actually expenses of the for your dependents. Do not include any expenses can be payments and that a care of the foreign of the payments of the	32	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition or employment and for education has the actual monthly amount that you actually expend on public education providing similar services is available, which are the control of th	33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are					
challenged child. Enter the total monthly amount that you actually expend for education that is a condition of enter the expendent of a physically or mentally challenged dependent child for whom no public education providing similar services is available. 35 Other Necessary Expenses: childcare. Enter the everage monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. 36 Note: Do not include other educational payments. 37 Other Necessary Expenses: challth care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39. 38 Other Necessary Expenses: electormunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your bask home telephone service - such as cell phones. Payments are continued and payments of the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 38 Total Expenses Allowed under LRS Standards. Enter the total of Lines 24 through 37. 39 Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37. 40 Health Insurance. 5 0.00 6 Lines 14 Health Insurance. 6 1.00 6 Lines 14 Health Insurance. 7 2.00 8 2.00 40 Lines 24		past due support obligations included in line 49.					0.00
Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than pour basic home telephone availates auth is call listed. Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than telephone availates auth is call listed. Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you welfare or that of your dependents. Do not include any amount previously deducted. Total Expenses Allowed under IRS Standards. Enter the total or Lines 24 through 37. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37. Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a Health Insurance \$ 0.00 b Disability Insurance \$ 0.00 c Health Insurance \$ 0.00 c Health Insurance \$ 0.00 c Health Insurance \$ 0.00 b Disability Insurance \$ 0.00 c Health Insurance \$ 0.00 c Health Insurance \$ 0.00 c Health Insurance of your deviate of your immediate family who is unable to pay for such expenses. So not include payments listed in Line 34. Total Expenses that you well continue to pay for the reasonable and necessary care and support of an elderly, chronically iii, or deviate the payments of your family under the Family Violence pre	34	challen employm	nged child. Enter the total monthly amount the nent and for education that is required for a physi	at you actually expend for educat	ion that is a condition of	\$	0.00
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actually pay for telecommunication services other than your basic home telephone service's such as cell phones, welfare, call waitings, caller dispacel long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Expense Deductions under § 707 (b) Note: Do not include any expenses that you have listed in Lines 24-37 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance \$ 0.00 b. Disability Insurance \$ 0.00 c. Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance \$ 0.00 b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 c.	36	health ca	are expenses that are not reimbursed by insurance			\$	250.00
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance \$ 0.00 b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 c. Health Savings Account \$ 0.00 continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed 5125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense, Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances. (This informatio	37	actually pagers, o	pay for telecommunication services other than yo call waiting, caller id, special long distance, or inte	ur basic home telephone service ernet service-to the extent necess	- such as cell phones, sary for your health and	\$	200.00
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the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories: a. Health Insurance \$ 0.00 b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 Total: Add Lines a, b, and c Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. \$ 0.00 Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent which the additional food and clothing expenses exceed for combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five per			Note: Do not include any expe	enses that you have list	ted in Lines 24-37		
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Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances (This information is available at www.usdi.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash			-	,			
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Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the LRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the LRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Solution The Additional Additional Report of the second provide your case trustee with average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. Ondo The Additional Figure 18 of 18 o	42	Home e Standard trustee	energy costs. Enter the average monthly am is for Housing and Utilities, that you actually expe with documentation demonstrating that the	ount, in excess of the allowance send for home energy costs. You	must provide your case		
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46 Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	45						
	46	Total A	dditional Expense Deductions under §	707(b). Enter the total of Line	es 39 through 45.	\$	0.00

	Sı	ubpart C: Deductions for Deb	ot Payment				
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.						
	Name of Creditor Property Securing the Debt 60-month Average Payment						
	a. Americas Servicing Co	Residence 317 Greenleaf Glen Street Henderson, NV 89014 Debtor to pay arrearages through the Plan Home was purchased in 1997	s 2,187.00				
	a. Americas ecivicing ee	Tiome was parenasca in 1997	Total: Add Lines	\$ 2.187.00			
48	a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount						
	a. Americas Servicing Co	Residence 317 Greenleaf Glen Street Henderson, NV 89014 Debtor to pay arrearages through the Plan Home was purchased in 1997	\$ 216.67				
			Total: Add Lines	\$ 216.67			
49	Payments on priority claims. En alimony claims), divided by 60.	nter the total amount of all priority claims	s (including priority child support and	\$ 0.00			
50							
	c. Average monthly administrative	e expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 50.00			
51	Total Deductions for Debt Payr	ment. Enter the total of Lines 47 throug	gh 50.	\$ 2,453.67			
	Subpart D	ว: Total Deductions Allowed เ	under § 707(b)(2)				
52	Total of all deductions allowed	under § 707(b)(2). Enter the total	l of Lines 38, 46, and 51.	\$ 6,018.67			

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)	
53	Total current monthly income. Enter the amount from Line 20.	\$ 7,438.24
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$ 0.00
55	Qualified retirement deductions. Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).	\$ 0.00
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$ 6,018.67
57	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, and 56 and enter the result.	\$ 6,018.67
58	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 57 from Line 53 and enter the result.	\$ 1,419.57

59

Part VI. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
C.		\$
d.		\$
	Total: Add Lines a, b, c and d	\$

Part VII. VERIFICATION									
	I declare under penalt must sign.)	y of perjury that the information p	rovided in this statement is tru	ue and correct. (If this is a joint case, both debtors					
60	Date:	October 12, 2006	Signature:	/s/ Pedro L Ramirez Pedro L Ramirez (Debtor)					
	Date: October 12, 2006		Signature	/s/ Wendy Jo Ramirez Wendy Jo Ramirez (Joint Debtor, if any)					